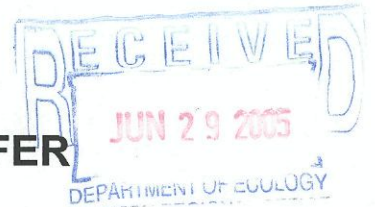




STATE OF WASHINGTON  
**APPLICATION FOR CHANGE/TRANSFER  
OF WATER RIGHT**



For filing with Ecology or with County Conservancy Boards

**A MINIMUM FEE OF \$10.00 PAYABLE TO ECOLOGY MUST ACCOMPANY THIS APPLICATION**

(Check all that apply.)

- ☒ Change purpose(s) of use  
☐ Add purpose(s) of use  
☐ Change point(s) of diversion/withdrawal  
☒ Add point(s) of diversion/withdrawal  
☐ Change/transfer place of use  
☐ Other (i.e. consolidation, intertie, trust water)

Explain: \_\_\_\_\_

**FOR OFFICE USE ONLY**

CHANGE No. CS3-\*21407C WRIA 57  
DATE ACCEPTED 11 / 07 / 2005 BY Kay  
FEE \$ 10.00 REC'D 07 / 11 / 2005  
CHECK No. 789297  
SEPA: ☒ Exempt ☐ Not exempt  
Spokane County

**\*\*IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS (PLEASE PRINT OR TYPE CLEARLY)\*\***

**1. Applicant Information:**

|  |                             |                           |
|--|-----------------------------|---------------------------|
| APPLICANT/BUSINESS NAME<br>Washington State Park & Recreation Commission | PHONE NO.<br>(360) 902-8500 | FAX NO.<br>(360) 902-8840 |
| ADDRESS<br>7150 Cleanwater Lane  |                             |                           |
| CITY<br>Olympia,   | STATE<br>WA                 | ZIP CODE<br>98504         |
| CONTACT NAME (IF DIFFERENT FROM ABOVE)<br>Mr. Tony Rapozo                | PHONE NO.<br>(509) 663-9750 | FAX NO.<br>(509) 663-9754 |
| ADDRESS<br>2201 N. Duncan Dr.  |                             |                           |
| CITY<br>Wenatchee  | STATE<br>WA                 | ZIP CODE<br>98801         |

**2. Water Right Information:**

|  |   |
|--|---|
| WATER RIGHT OR CLAIM NUMBER<br><u>23-11299A</u>  | RECORDED NAME(S)<br>Washington State Parks<br>& Recreation Commission |
| DO YOU OWN THE RIGHT TO BE CHANGED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO                                  |   |
| IF NO, PROVIDE OWNER(S) NAME and ADDRESS:  |   |
| HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |   |

**Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, if you have a water system plan or conservation plan, please include a copy with your application.**

**FOR OFFICE USE ONLY**

APP. NO. 21407A PERMIT NO. 1613813 CERT. NO. 11299A CERT. OF CHANGE NO. \_\_\_\_\_  
53-\*21407C



3. Point(s) of Diversion/Withdrawal:

A. Existing

| SOURCE            | NO. | ¼  | ¼  | SEC. | TWP. | RGE. | PARCEL # | WELL TAG # |
|-------------------|-----|----|----|------|------|------|----------|------------|
| 2 unnamed springs |     | NE | NW | 22   | 28N  | 45E  |          |            |
| Unnamed stream    |     | SE | SW | 15   | 28N  | 45E  |          |            |

B. Proposed

| SOURCE           | NO. | ¼  | ¼  | SEC. | TWP. | RGE. | PARCEL # | WELL TAG # |
|------------------|-----|----|----|------|------|------|----------|------------|
| Groundwater well |     | NE | NW | 22   | 28N  | 45E  |          | AKA106     |
|                  |     |    |    |      |      |      |          |            |

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?  
EXISTING: ☒ YES ☐ NO      PROPOSED: ☒ YES ☐ NO – IF NO, PROVIDE OWNER(S) NAME:

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

4. Purpose of Use:

A. Existing

| PURPOSE OF USE            | GPM or CFS | ACRE-FT/YR | PERIOD OF USE |
|---------------------------|------------|------------|---------------|
| Community domestic supply | 0.10 cfs   | 24         | continuous    |
|                           |            |            |               |
|                           |            |            |               |
|                           |            |            |               |

B. Proposed

| PURPOSE OF USE   | GPM or CFS | ACRE-FT/YR | PERIOD OF USE |
|------------------|------------|------------|---------------|
| Municipal supply | 0.10 cfs   | 24         | continuous    |
|                  |            |            |               |
|                  |            |            |               |
|                  |            |            |               |

5. Place of Use:

A. Existing

| LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:  |   |      |      |      |         |          |            |
|--|---|------|------|------|---------|----------|------------|
| W ¾ N ¼  |   |      |      |      |         |          |            |
|  |   |      |      |      |         |          |            |
|  |   |      |      |      |         |          |            |
| ¼  | ¼ | SEC. | TWP. | RGE. | COUNTY  | PARCEL # | # OF ACRES |
|  |   | 22   | 28N  | 45E  | Spokane |          | 120        |
| DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO – IF NO, PROVIDE OWNER(S) NAME: |   |      |      |      |         |          |            |

B. Proposed

| LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:  |   |      |      |      |        |          |            |
|--|---|------|------|------|--------|----------|------------|
| No change  |   |      |      |      |        |          |            |
|  |   |      |      |      |        |          |            |
|  |   |      |      |      |        |          |            |
| ¼  | ¼ | SEC. | TWP. | RGE. | COUNTY | PARCEL # | # OF ACRES |
|  |   |      |      |      |        |          |            |
| DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO – IF NO, PROVIDE OWNER(S) NAME: |   |      |      |      |        |          |            |



Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?  
☒ YES ☐ NO – IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S):

23-11303

6. Remarks and Other Relevant Information:

IF FOR SEASONAL OR TEMPORARY, START DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ END DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request.

Please contact the State Department of Revenue for further information. The phone number is (360) 570-3265. The address is: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477.

7. Signatures:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I am hereby granting staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.

George A. Rapozo Jr., P.E. 6/28/2005  
(Applicant) (Date)  
Acting as Agent for  
Wash. State Parks & Rec. Comm.       
(Water Right Holder) (Date)  
same as above       
(Land Owner(s) of Existing Place of Use) (Date)

IMPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE.

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

- ☐ APPLICATION FEE NOT ENCLOSED ☐ MAP NOT INCLUDED or INCOMPLETE  
☐ ADDITIONAL SIGNATURES REQUIRED ☐ SECTION \_\_\_\_\_ IS INCOMPLETE  
☐ OTHER/EXPLANATION: \_\_\_\_\_

STAFF: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_